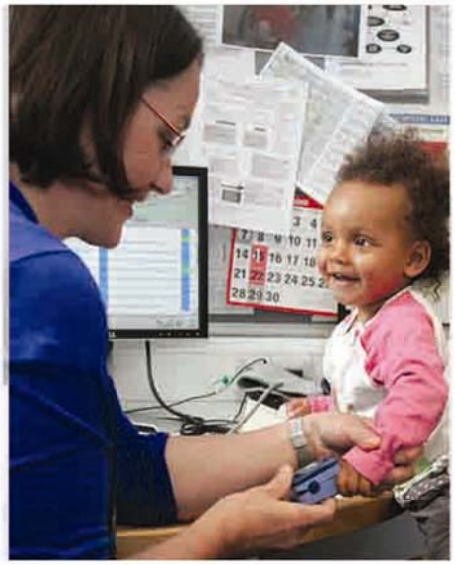
Department of Health

NHS Commissioning Board

Compassion in Practice

Nursing, Midwifery and Care Staff
Our Vision and Strategy



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Compassion in Practice

Nursing, Midwifery and Care Staff
Our Vision and Strategy

December 2012

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Foreword

By Jane Cummings, Chief Nursing Officer for England, and Viv Bennett, Director of Nursing, Department of Health and Lead Nurse, Public Health England.

To be a nurse, a midwife or member of care staff is an extraordinary role. What we do every day has a deep importance. We are key to the drive to enable people to stay healthy and well for longer through promoting health and well-being, and supporting independence. We help people to recover from illness, sometimes when they are at their most vulnerable. We support hundreds of thousands of people in living with illness. We provide care and comfort when people's lives are coming to an end.

We care for everyone, from the joy at the beginning of new life to the sadness at its end. We do so in the privacy of people's homes, in the local surgery, in the community, in care homes, in hospices, and in hospitals. We support the people in our care and their families when they are at their most vulnerable. We have the clinical expertise, compassion and humanity with which to shape the culture of our health service and our care and support system. We are proud to be part of a remarkable health and care service, making a difference to people's lives each and every day.

There are big challenges. People also encounter care that falls short of what they have a right to expect, sometimes by a long way - we will all have seen such care in the course of our working lives. We know we miss too many opportunities to support people keep well, connected and healthy. And society and the health, care and support system is changing fast, and we will need to prepare to meet the changing needs and work in new ways.

We have the self-confidence to acknowledge these realities. We also have the professional commitment, which drives our determination to tackle them, to ensure that we address head on the challenges facing our professions and care staff today and in the future. We have the potential to transform the care, advice and support that people receive from us. We all joined our professions to make a difference. We must never underestimate our significance. As health and social care changes what does not alter is the fundamental human need to be looked after with care, dignity, respect and compassion. To achieve this the enduring values of nursing and care must underpin our work.

Our draft vision was underpinned by six fundamental values: care, compassion, competence, communication, courage and commitment - with six areas of action to support professionals and care staff to deliver this excellent care. You agreed that clearly stating these enduring values and behaviours in nursing, midwifery, care and support was timely and important. You provided feedback that enabled us to produce the final version of the 6Cs. We have set these out in this, our completed vision and strategy for nurses, midwives and care staff. Your responses emphasized the need for real actions as being key to achieving real improvements for people in our care and for the development and support of local leaders - nurses, midwives and registered managers and these too are shown in our strategy.

In particular we need to work together to ensure we meet the needs of older people - the largest group of people who use services - and treat them with the dignity and respect that they deserve in joined up health, care and support services.

We need to strengthen our capacity to prevent ill health and delay dependency in the first place and learn new skills in supporting people to manage their own health and well-being, and in particular, when they have long term conditions.

We would like to thank everyone who contributed throughout the engagement period – participating in conferences, meetings and online, taking part in social media debates, and responding to the engagement documents. We look forward to continuing to work with you in making the vision and strategy a reality.

"As Chief Nursing Officer for England, I want to make sure we give our patients the very best care with compassion and clinical skill, ensure pride in our professions and build respect. The response from staff since my appointment has confirmed that nurses, midwives and care staff feel the same. The actions set out in this vision and strategy, which have been developed with you, will change the way we work, transform the care of our patients and ensure we deliver a culture of compassionate care."

Jane Cummings, Chief Nursing Officer for England
NHS Commissioning Board

"As the lead nurse for public health in England, it has been a privilege to develop this vision and strategy with so many of you. Nurses, midwives, and care staff share in your ambition to support people to have the best possible health outcomes. Making the 6Cs real across all our services and taking actions to make every contact count for health and wellbeing, will make a difference to individual people and to the public's health."

Viv Bennett, Director of Nursing
Department of Health and Lead Nurse, Public Health England

Introduction

Context

The context for health care and support is changing. Most significantly, with people living longer, we have a greater number of older patients and people to support, many with multiple and complex needs, and with higher expectations of what health, care and support can and should deliver. Delivering health and care support and services involves us working with people in a new partnership, offering and engaging with people in making choices about their health and care, and supporting ‘no decision about me without me’.

In response and in parallel, the roles of nurses, midwives and care staff have significantly changed. We have learned new skills and our responsibilities have increased accordingly, some of this driven by our desire to develop our roles and better training of staff, and some by greater access to and use of technology. Nurses, midwives and care staff work in multidisciplinary teams, where individuals have specific tasks and responsibilities, but increasingly they work together as a team to support and care for patients and people in a variety of settings from hospitals, to care homes and in their own homes.

These changes are set in a broader social and economic context of greater demand for health, care and support and the need to make the most and best of every penny available for people’s care.

The health, care and support system provides people with often good and often excellent service. But this is not universal. There is poor care, sometimes very poor. As professionals and care staff, we are as shocked by the failings at Mid Staffordshire and Winterbourne View as the public are. Such poor care is a betrayal of what we all stand for.

We must strive for the best care for all patients and people we support, and we must ensure that we are delivering quality of care as well as quality of treatment.

This strategy sets out our shared purpose as nurses, midwives and care staff to deliver high quality, compassionate care, and to achieve excellent health and wellbeing outcomes. It builds on the enduring values we have set out and for the pledges and rights of the NHS Constitution, which patients, the public and staff should and will expect. Every patient and person we support can and should expect high quality; we want that too and will deliver it.

Engagement process and what you said

The vision and strategy builds on what you said to us. In September, we published our draft vision for nursing, midwives and care-givers, and asked you to help us develop it. We have been delighted by the response we received, and the conversations that document has started. Over 9000 nurses, midwives, care staff and patients were involved in our engagement exercise, which ran for eight weeks, with the professions, patients, users of the service, members of the public, stakeholders and other 'thought forming groups'. The engagement process made use of face to face events, online questionnaires, email and postal questionnaires, as well as new digital engagement through Twitter and other online forums.

The questions focused on:

1. What the six values and behaviours meant personally to individuals
2. What steps were needed to embed these values and behaviours
3. Would a focus on the six priority areas deliver the vision and what additional factors may be missing
4. Identifying the national and local initiatives currently supporting the six priority areas
5. How partnership working between the health and care sector can be strengthened
6. What obstacles might there be to delivering the vision
7. The terminology used and were the terms "care givers " and "people we care for"

The purpose of the engagement was two-fold. Firstly, we wanted to get wider views on the 6Cs: care, compassion, competence, communication, courage and commitment. We wanted to test whether these would resonate with staff and patients and form the common language of our vision. As a result of this feedback we changed the term care-giver to care staff.

Secondly, we wanted to test responses to six areas of action that (underpinned by the 6Cs of value and behaviour) will enable ongoing improvements in care and services for all patients and service users. The strategy will be developed incorporating these responses.

A key part of our engagement process was ensuring that the strategy addressed equality issues under the Equality Act 2010, considering it from the point of view of both the people receiving care and those giving it. This is particularly important when it is considered that many patients or service users could fall within the scope of the Act (for example, the age profile of patients and service users means that they are more likely to have age-related hearing loss; over half (55%) of people over 60 have a hearing loss which rises to 90% of people over the age of 81). Above all, the engagement process served to remind us that understanding the diversity of the people we care for, and their specific needs, is key to delivering good quality care. In addition, in terms of staff well-being and the culture in which we operate, failure to include all sectors of our diverse workforce is planning to fail. It is clear from the vision that the responsibility under the diversity and equality agenda is recognised and shared, not just by Department of Health (DH) and by the NHS Commissioning Board (NHS CB), but by all our health and care delivery partners.

The wealth and richness of the response and debate as part of the consultation on the draft vision was overwhelming, and demonstrates the passion that we have in our community to work together to deliver compassionate care for our patients and the people we help.
The breadth and range of views reflect the diverse community of staff that we are, but there were many common threads. Your responses have sent clear messages which have shaped the vision and strategy in this document. They were:

1. **Making the 6Cs part of everything we do**
   There is widespread support for the 6Cs and the six areas of action. They all carry equal weight, and naturally focus on putting the people we care for at the heart of everything we do. If we want the 6Cs to be universally adopted and embraced by everyone involved in commissioning and delivering care, they need to be an explicit part of planning guidance, NHS Operating Plans and future plans across the NHS, Public Health and Social Care.

2. **Change delivered by frontline staff**
   Front line staff are our change champions. Front line staff who responded were very positive about the 6Cs, and felt that good support from local leaders would harness the passion and energy for improvement. Everyone working in the commissioning and delivery of health, care and support should take personal action and responsibility for delivering the 6Cs at every opportunity. Success in all organisations is only achievable if front line staff are empowered to drive and support change, both in its development and implementation.

3. **Leadership at every level**
   Strong and effective leadership is essential at all levels in all organisations to set clear expectations, to support staff in the delivery of the 6Cs, to manage performance, to champion change and create an environment where the courage to speak out is welcomed and encouraged.

4. **Training and development of all staff reflecting the 6Cs**
   The 6Cs are relevant to all staff, and should be embedded throughout career pathways, including recruitment, education and training, organisational culture and the appraisal and development of staff.

5. **Creating the right culture**
   Creating the right organisational culture, where people are encouraged to go the extra mile and challenge the status quo, working to improve quality and patient and user experience, is crucial to embedding the 6Cs and promoting an environment in which staff can help deliver the best care for people.

6. **Communicating our vision**
   A clear communication strategy needs to be in place to ensure this vision is understood throughout the workforce. The way this is delivered to front line staff needs to win hearts and minds to ensure positive change.

7. **Doing this collaboratively with others**
   Collaboration is hugely important at all levels and across all settings as it underpins excellent care and the work needed to deliver the vision. Working with others in our teams is at the core, and our stakeholders and partners must feel involved to ensure

best practice is shared, resources are utilised effectively and the maximum shift in culture is achieved.

8. **Supporting staff health and wellbeing**
   The health and well-being of staff is essential. Treating each other well is fundamental. The link between the values and behaviours that staff are shown by their employers, managers and peers and the way they in turn treat others, including their patients and users of the service, is very clear. Ensuring staff feel valued, cared for and communicated with is essential.

9. **Shared decision making and communications with patients and the people we support**
   Patient and service user choice and clear communication with patients and the people we care for is crucial to ensure they are partners in their care and they share decision making with the team providing their care. All the people in our care need to have a voice, choice and control.

10. **Releasing time to care and reducing bureaucracy**
    The level and burden of bureaucracy needs to be addressed. Actions included in the vision and strategy should have a clear benefit and demonstrate how they will improve patient care. We must use agile innovation to deliver the positive changes so that front line staff can spend as much time as possible with patients and service users.

Vision

Above all, during our conversations and discussions over the past two months, it has become clear that our six fundamental values - care, compassion, competence, communication, courage and commitment (the “6Cs”) resonate strongly with both staff and people who use our services, across the whole range of health and care settings. These are the values that motivate us to want to work in health and care in the first place. Importantly, staying connected to these values is what gives us the strength to keep doing this challenging work every day. You also said that the vision will not become reality simply by publishing a document. Frontline staff are the people who can and will make change happen.

Many of you told us about your sense of privilege in being a nurse or midwife. With that privilege comes professional responsibility, and all nurses and midwives by demonstrating the 6Cs in practice can renew their professionalism and public confidence in our professions. The 6Cs are not just the business of nurses, midwives and care staff. They are the business of all health and care staff**:** from doctors, to porters, to physiotherapists, to care workers and managers.

For staff to make this vision a reality they need to be in supportive organisational cultures. All the people working in health and care are contributing to the same aims, to provide high quality, compassionate care and treatment, and to achieve the best possible health and wellbeing outcomes for each of the people we care for. The evidence on what enables us to do that is overwhelming. To ensure that patients receive good care, we all need to care about our colleagues. If we feel supported and cared about, we are enabled to support and care about our patients.

Leadership is key. Leaders and managers need to create supportive, caring cultures, within teams, within organisations and in the system as a whole, in the way that organisations relate to each other. Leaders at every level have a responsibility to shape and lead a caring culture. We talked in our draft vision about the emotional labour of care. This is something we have also heard much about over the last two months, and something that we urgently need to find ways to address. Working in healthcare and in the care sector, caring for vulnerable, sick and dying people, is inherently stressful and emotionally demanding. Time and space is needed for individuals and teams to reflect, to share experiences and seek support and to build emotional resilience.

We all have a part to play. The Care Quality Commission (CQC) has a major role in ensuring services are provided appropriately and with quality outcomes across health and social care, The Nursing and Midwifery Council (NMC) has an important regulatory role for nurses and midwives in all health and care sectors. In the NHS, Monitor has an important regulatory role, and the National Trust Development Agency (NTDA) has an important role to support organisations to become Foundation Trusts who provide high quality care and outcomes, and those who commission and provide services have improving quality and outcomes for patients at the heart of all they do. Health Education England (HEE) and Skills for Care will ensure quality education and development of the future workforce.

Our vision encompassed improved health outcomes now and in the future, and Public Health England (PHE) will provide leadership across the system to ensure that our services and professions play their full role in improving the health and well-being of the population.

There is also a growing recognition, in all levels of the health, care and support system, that we have to change our culture if we are to change our care. The reports on Winterbourne View and Mid Staffordshire will be a call to action for everyone, Government, the NHS Commissioning Board, the NMC, the Care Quality Commission, the trades unions and all the other players in the system, to get behind staff and support them in their professional instincts for compassion. This vision will form a vital part of that wider response.

The full implementation plans for this vision and strategy will be available by 31 March 2013. This strategy will run over three years, and the plan for implementation of these areas action will be over this timeframe. Some of the actions in this document are subject to piloting, further testing and appraisal after which further recommendations will be considered. Action areas will be within the current budgets and subject to the normal business planning processes. NHS CB is not looking to include further funding within the current tariff.

The 6Cs

We have revised the draft definitions of the 6Cs based on what you told us during the engagement.

The values and behaviours covered by the 6Cs are not, in themselves, a new concept. However, putting them together in this way to define a vision is an opportunity to reinforce the enduring values and beliefs that underpin care wherever it takes place. It gives us an easily understood and consistent way to explain our values as professionals and care staff and to hold ourselves to account for the care and services that we provide.

Each of these values and behaviours carry equal weight. Not one of the 6Cs is more important than the other five. The 6Cs naturally focus on putting the person being cared for at the heart of the care they are given.

The revised definitions are:

Care
Care is our core business and that of our organisations, and the care we deliver helps the individual person and improves the health of the whole community. Caring defines us and our work. People receiving care expect it to be right for them, consistently, throughout every stage of their life.

Compassion
Compassion is how care is given through relationships based on empathy, respect and dignity - it can also be described as intelligent kindness, and is central to how people perceive their care.

Competence
Competence means all those in caring roles must have the ability to understand an individual's health and social needs and the expertise, clinical and technical knowledge to deliver effective care and treatments based on research and evidence.

Communication
Communication is central to successful caring relationships and to effective team working. Listening is as important as what we say and do and essential for "no decision about me without me". Communication is the key to a good workplace with benefits for those in our care and staff alike.

Courage
Courage enables us to do the right thing for the people we care for, to speak up when we have concerns and to have the personal strength and vision to innovate and to embrace new ways of working.

Commitment
A commitment to our patients and populations is a cornerstone of what we do. We need to build on our commitment to improve the care and experience of our patients, to take action to make this vision and strategy a reality for all and meet the health, care and support challenges ahead.

Delivering the vision

As well as the clear focus on developing and communicating the 6Cs, our consultation proposed six areas of action where we can concentrate our effort and create impact for our patients and the people we support. The action areas are:

1. Helping people to stay independent, maximising well-being and improving health outcomes
2. Working with people to provide a positive experience of care
3. Delivering high quality care and measuring the impact of care
4. Building and strengthening leadership
5. Ensuring we have the right staff, with the right skills, in the right place
6. Supporting positive staff experience

Your input has been reflected to further shape the action areas and what we can do individually, locally and nationally.

As individuals, the way in which we live and demonstrate the 6Cs has an immediate and direct impact on our patients and the people we support every minute of every day. Every action counts and we can really make a difference now.

To support us as individuals, local organisations and national bodies including regulators, such as CQC, NMC and Monitor, will act to provide the leadership, create the environment and give the highest priority to enabling the culture for compassionate care. The remainder of this strategy sets out what each of us can do, as well as the support we need to enable this to happen.

The valuable reflections, discussions and comments that you had and made, have been reflected in this strategy and action plan. Your views and suggestions will be further reflected as we produce implementation plans for the action areas set out here.

Action area one: Helping people to stay independent, maximise well-being and improving health outcomes

‘Care is our business’ means action at individual, family and population level. It means prevention, early intervention and health promotion as well as treatment of ill health. This means maximising the contribution of nurses midwives and carers to improving the publics’ health and to ensuring that people get both a positive experience and the best possible outcomes from care. It also means working across health and care boundaries to provide support and services which enable people to remain active, connected and independent in their own homes, or another place of their choice, for as long as they are able, and it means joining up health and care services to provide the integrated care that people want.

Many of the actions across all areas have application in social as well as in health care and in providing integrated services for people. The systems, organizations and practitioner networks are, however, very different. This is the first vision and strategy to explicitly seek to reach nurses and care staff in the care and support system, and thus we are at an earlier stage of

engagement. We have, therefore, presented the actions to be developed with the care and support system under action area one and referenced in other areas where we will work with this sector to consider how actions may have relevance for improving care elsewhere.

Action area one is thus concerned with achieving our aims around wellbeing and covers both public health and care and support. The area includes the strategies developed for specific conditions and those developed by professional groups for their areas of practice.

Public Health

Nurses, midwives and care staff make significant contributions to improving and protecting the public's health. This is not always recognised, and we know that there is more to be done so that we can:

- Deliver evidence-based care and extend evidence through research
- Explicitly demonstrate our impact on outcomes
- Make 'every contact count' to promote health and well-being at individual, family and community level across all care pathways
- Support people to remain independent
- Maximise the contribution of specialist community public health nursing and midwifery

Social Care

Nurses and care staff in the care sector are central to achieving high quality care for some of our most vulnerable citizens. People's need for care and support is changing – and the business of care is changing too. Demand for services for long-term care and support into very old age will grow and there is clear need to support people to stay as well as possible for as many of those years as possible. What is also clear is that we need to think about health and care in new ways and deliver integrated services to people, families and communities. We have begun to work with the care sector on how elements of this strategy can support those in social care and can build positive partnerships to achieve joined up care in local services. As stated this will include looking across the action areas to understand when and how actions could support improvements in social care settings. What people who use services want is a seamless service where people on the ground work well together in spite of different structures and systems – it is about improved relationships between NHS and non-NHS staff as well as the wider voluntary and third sectors.

To maximise well-being and improve health outcomes, each of us can:

- Develop skills as health promoting practitioners, making every contact count for people we care for and in professional contacts with carers and communities
- Contribute to the 'Dementia Challenge' to improve support for people affected by dementia

Local organisations can support by:

- Promoting every ‘contact counts’ to improve health and wellbeing as part of the role of all clinical and care staff
- Developing an approach for specific services’ contribution to long term health and wellbeing
- Considering how to maximise organisational support to staff to maximise their own health and wellbeing
- Encouraging nurses and midwives to be part of work between local partners and with the Health and Wellbeing Board to improve local health outcomes
- Supporting nurses, midwives and care staff to maximise their contribution to the ‘Dementia Challenge’
- Enabling midwives to deliver innovative, evidence-based, cost-effective, quality care across all sectors
- Supporting midwives to embrace a greater public health role
- Ensuring practice is supported by appropriate technology to optimise information sharing and decision-making with people in their care.

This will be further supported by national bodies:

- From April 2013, Public Health England will lead public health and promote and develop nursing and midwifery roles in prevention and health promotion

- PHE will, in partnership with DH and working with an expert advisory group, develop and demonstrate the significant nursing, midwifery and care contribution to public health, including work on research, evidence, inequalities and outcomes

- PHE, working with the National Institute for Health and Clinical Excellence (NICE) and expert public health nurses, will produce accessible evidence for nurses and midwives providing individual and community interventions, and will consider metrics to assess the impact of public health nursing and midwifery on improving health outcomes

- PHE, working with DH, will draw up recommendations for nurses and midwives to make ‘every contact count’ and work with HEE on education to underpin health promoting practice

- DH, NHS CB, PHE and Health Education England (HEE) will maximize the impact of specialist community public health nurses through Health Visiting Call to Action/Implementation’ and school nursing development[1]

- DH and NHS CB will draw up a vision and strategy for community nursing, based on the 6Cs and the six actions, and will develop practice nurse contribution through practice nursing forums[1]

- DH, with the midwifery profession/professional bodies, will be reviewing the recommendations of the public health chapter from Midwifery 2020 to map the

contribution of midwives to public health (e.g. screening programmes, working with vulnerable women and families, increasing breast feeding rates) and to scope the potential for a midwifery public health career pathway

- DH will lead a programme working across the range of organisations in health, care and support to maximise the nursing and midwifery contribution to the 'Dementia Challenge' and develop a model for the contribution to the Dementia Challenge from community action, to acute and specialist, care to end life care[1].

- DH will develop a model for the nursing and midwifery contribution to 'no health without mental health', set specific actions for implementation[1] and work with learning disability nurses to reduce the health inequalities experienced by people with a learning disability[1].

To help people stay independent, each of us can:

- Use our skills at building relationships to help stimulate greater integration of health, care and support in meaningful ways.

Local organisations can support by:

- Working in a culture in which the values and behaviours of the 6Cs enable us to do the best for the people in our care.

Further support will come from national bodies:

- DH will actively engage with nurses, care staff, local government, professionals in social care and care home managers during 2012/13 in social care to make real their contribution to the vision and strategy
- DH will ensure alignment with relevant initiatives in the white paper Caring for Our Future
- DH and NHS CB will lead work on the nursing contribution to the Adult Social Care Outcomes Framework 2013/14
- DH will build on its current relationships to establish a viable and on-going network of nurses and care staff across social care settings to help maximise their contribution to public health, well-being and improving health outcomes.

Action area two: Working with people to provide a positive experience of care

Quality of care is as important as the quality of treatment. When a person reflects on their contact with a nurse, midwife or member of care staff, they think about other issues as well - the environment they received care in; whether they were treated kindly, with respect and dignity and whether they had to tell their story more than once. The people that we care for, and in many instances their families and carers, are our partners in care and our practice must reflect that.

This action area is concerned with ensuring that service users are treated with dignity, empathy and respect, which is something that we all want for ourselves and our loved ones. This requires us to listen to feedback and act on it, and to design services to enable people to be involved in their care.

This action area supports the implementation of the 'Friends and Family Test' for inpatients from April 2013 and maternity services from October 2013, and we will consider how it can be expanded to further groups of inpatients and people who use mental health, primary and community services.

Each of us can:

- Actively seek out, listen to and act on patient and carer feedback, identifying any themes or issues and ensuring the patient's voice is heard.
- Support the roll out of the Friends and Family Test in all acute hospitals and emergency departments from April 2013 and in all maternity settings from October 2013
- Measuring and improve staff experience using the Family and Friends Test thus improving patient experience.

Local organisations can support by:

- Reviewing the options for roll out of the Friends and Family Test across all settings
- Commissioners and NHS Trust Development Authority (NTDA) working with providers to ensure rollout and improve the experience of patients as reported in the Friends and Family Test
- Providers using the published results of the Friends and Family Test to improve patient experience and work with public forums and patient groups to further continuous improvement
- Commissioners and Providers using their professional and clinical networks to actively share examples of good practice which can be replicated by others.

We will be further supported by national bodies:

- NHS CB will lead on work to provide options for rapid feedback from patients through the Friends and Family Test across all services funded by the NHS. This will include community, primary and mental health services
- NHS CB will continue the work across the NHS for a range of different sources of feedback and develop methods of synthesising this data to build a rich picture of patient experience, including views on the 6Cs in action
- NHS CB will lead work with key stakeholders including patient organisations across the NHS and care and support sectors to develop strong patient experience measures for specific groups, especially children and young people, those with dementia and vulnerable adults in all settings
- NHS CB will support local services in using these measures to seek the views of the most vulnerable and those without a strong voice and prioritise improving the experience of NHS funded services for them

- NHS CB will provide leadership for the NHS in England through regional and local teams to improve the reported experiences of patients. They will link with the CQC, and other regulators and adopt the NHS Change Model as the overarching approach to quality improvement
- NHS CB will lead work with key stakeholders on the development and implementation of effective integrated care and identify strong patient experience measures that can be used between settings and sectors
- NHS CB will build on the existing evidence and use that to work with patients and service users to find the best way of ensuring they are partners in their own care, and are at the heart of the decision making process.

Action area three: Delivering high quality care and measuring the impact

We want to deliver care that is evidence-based. To do this we need to measure the right thing and measure outcomes to drive improvement. Measurement should focus on the experience of the person using the service, the outcomes of care, and should be transparent.

This action area is concerned with the ability to measure what we do and the commitment and courage to publish data so that commissioners, staff, patients and the public are able to see what is being measured and what is being done to improve care. The burden and cost of data collection should be assessed and the role of technology to reduce this as far as possible should be reviewed. Metrics should also be developed with staff, patients, service users and key partners across the health, care and support systems.

The area should learn from work already undertaken, in particular:

- The task and finish group, commissioned by the CNO, which examined the measurement of nursing quality and with the National Nursing Research Unit at Kings College
- The North England Transparency of Care Project that reviewed how collecting and publishing data in a transparent fashion could lead to improvements in quality.

Each of us can:

- Support the measurement of care that we and others provide in order to learn, improve, and highlight the positive impact we have on patients and the people we care for.

Local organisations can support by:

- Commissioners and providers publishing and discussing quality metrics and impact on patient outcomes at each Board meeting
- Commissioners and providers developing options to enable staff to gain the knowledge and skills necessary to understand and interpret data
- Providers reviewing the recommendations of NHS North of England and considering the rollout of the public reporting of the incidence of pressure ulcers, falls and patient and staff experience

- Providers and commissioners supporting the NHS CB in the development and rollout of the Safety Thermometer in other settings
- Reviewing the use of lean methodology and technology to ensure measurement and data collection is streamlined, effective and simple.

This will be further supported by national bodies:

- NHS CB will support the publication of “High Quality Care Metrics for Nursing” by the National Nursing Research Unit
- NHS CB will lead on the identification of metrics and indicators, which reflect compassion and effective care
- CQC will consider how to integrate the care metrics into its regulatory processes
- NHS CB will review options and system levers including the use of the Information Centre's information powers and the use of Commissioning for Quality Innovation payment framework (CQUIN) to implement new metrics from 2014/15
- NHS CB will work with stakeholders to commission the development of the Safety Thermometer in all settings, including mental health, learning disability, children and young people
- NHS CB, in conjunction with the CQC, will lead on the publication of information that identifies the quality of care and informs patients and the public
- DH will publish “Provider Quality Profiles” on NHS Choices where people will be able to view comparative information, aggregated from a range of sources about the quality of care at every registered care home and home care service in the country
- NHS North of England will complete their review of the publication of the incidence of pressure ulcers and falls, an evaluation of the care provided together with patient and staff experience in the North West and make recommendations for further rollout.

Action area four: Building and strengthening leadership

Our leaders must have the skills they need to deliver. We know that there is a correlation between strong leadership, a caring and compassionate culture and high quality care. It is not just about looking up to your line manager and beyond. We all have a role to play in providing leadership within our teams and upwards to our leaders and our Boards.

This action area is concerned with the support and empowerment of nurses, midwives and registered managers in social care to lead change locally and motivate their teams to improve the experience and outcomes of the people using their services.

This action area recommends:

- A national leadership development programme that will underpin the nursing, midwifery and care staff vision and embed the 6Cs in daily activity. The programme would result in a nationally recognised qualification gained by working through placements during

which specific skills are practiced. This would include change management skills, building coalitions of support and communications and engagement with staff, patients, service users, carers and other stakeholders

- The involvement of junior staff in leadership and service improvement early in their careers and a review of undergraduate courses and preceptorship programmes to check the syllabuses relate to ways of improving service quality
- Mentorship programmes for aspiring leaders
- That leadership teams reflect patient and staff groups locally to ensure balance and representation

Each of us can:

- See ourselves as leaders in our care setting and role model the 6Cs in our everyday care of patients

Local organisations can support by:

- Providers undertaking a review of their organisational culture and publishing the results. This should include feedback from staff and the people the organisation cares for. Action should be taken to ensure the 6Cs are embedded into the organisation at every level and demonstrated at every opportunity
- Providers reviewing options for introducing ward managers and team leaders supervisory status into their staffing structure

It will be further supported by national bodies:

- NHS CB will work with key partners to develop a set of tools that enable organisations to measure their organisational culture. Once a set of tools has been agreed, joint recommendations will be published to help all organisations measure their organisational culture
- NHS Leadership Academy has committed to developing a new leadership programme for ward managers, team leaders and nursing directors that is based on values and behaviours and the implementation of the 6Cs
- DH will lead work with the National Skills Academy for Social Care and Skills for Care to implement and embed the Leadership Qualities Framework for Adult Social Care and look to roll this out across all levels of the care and support settings

The Future Leadership Forum for Social Care will lead transformation across the care and support landscape to deliver on the White Paper ambitions of high quality leadership in support of high quality care.

Action area five: Ensuring we have the right staff, with the right skills, in the right place

To deliver the vision, we need the right number of staff with the right skills and behavior and working in the right place to meet the needs of the people they care for. Staff need time to learn, to reflect and to re-energise and they need to be supported by organisations that promote compassionate and caring culture and values and which dedicate time to valuing these.

This action area is concerned with the local determination of a suitable staff mix of competency, experience and education in order to best improve the experiences of service users and staff. The aim of this action area is to use the evidence, both national and international, to provide a series of tools to determine, locally, the most appropriate staffing levels for a particular health and social care setting that reflects and delivers quality of care, productivity and a good patient or user experience.

This action area recommends that:

- The determinants of workforce tools (such as the safer nursing care tool, nurse hours per patient day, birth-rate plus, Paediatric Acuity and Nursing Dependency Assessment (PANDA) and Nurses per Occupied Bed (NPOB), are refined to ensure we have a suite of suitably sensitive workforce measures. The use of NPOB only to provide a general overview of an organisation's staffing levels given that the measure is not sufficiently sensitive to reflect the staffing skills mix at the point of care delivery
- Directors of Nursing in Trusts should agree staffing levels through the application of evidence based tools and we recommend these are published at least every 6 months. All nursing and midwifery staffing levels and quality and experience metrics should be discussed at Trust Board level in a public meeting at least twice a year. Any proposed changes to the nursing and midwifery skills mix, required to reflect any service redesign project, should also be discussed at Board level
- The development of access to pre-registration nurse training possibly through foundation courses or apprenticeships. For qualified nurses and midwives, the action area will develop models of clinical supervision that build on good practice in midwifery and mental health. The need for greater flexibility to support nursing staff to work in different settings is also identified
- Values based recruitment is included in the national standard contract for pre-registration education programmes
- Ward or community nurse /midwifery leaders are supervisory to give them time to lead. We hope this will be accepted and built into all future workforce tools

Each of us can:

- Take responsibility for deploying staff effectively and efficiently and work with colleagues and leaders to identify the impact this has on quality of care and patient experience
- Where relevant, demonstrate the impact supervisory status has on role modeling, staff supervision, clinical placements and communication with patients, families and carers

Local organisations can support by:

- Providers ensuring that Boards sign off and publish evidence based staffing levels at least every 6 months, linked to quality of care and patient experience and discuss this in public Board meetings
- Providers reviewing options to deliver supervisory status for ward / community nurse and midwifery leaders
- Commissioners reviewing the staffing levels using evidence based tools/methodology, links with quality and patient experience and ensuring appropriate action is taken
- Providers implementing the recommendations about the recruitment and appraisal of staff using the 6Cs and assessment of values and behaviours
- Providers utilising the offer of £100m to support the use of technology in all settings and identifying the benefits for nurses, midwives and care staff

This will be further supported by national bodies including:

- NHS CB and DH will commission work on evidence- based staffing levels for mental health, community, learning disability services and care and support.
- Health Education England (HEE) will work with the education sector, employers, the regulator and staff groups to ensure that the 6Cs are embedded in all nursing and midwifery university education and training.
- HEE will work with the education sector, employers, the regulator and staff groups to ensure that quality improvement methodology is included in the curricula for undergraduate nurses and midwives
- HEE will work with the education sector, employers and staff groups to ensure that recruitment to university undergraduate programmes is based on values and behaviours as well as technical and academic skills
- NHS Employers and HEE have committed to working together, with partners, to develop a plan for promoting the use of the 6Cs, values and behaviours into all stages of recruitment and appraisal systems for nurses, midwives and care staff, prior to expanding to other staff in the NHS
- DH will work with national organisations to agree stronger arrangements to ensure effective recruitment, induction and training of support workers in health and care
- All national organisations will work with stakeholders to finalise the definitions and then recommend that all providers publish information on evidence based staffing levels at least every 6 months together with an explanation of how they impact on quality, and discuss this in public Board meetings. NHS CB will support an assessment of the impact of ward or community nurse / midwifery leaders having a supervisory role
- NHS CB will lead the work to rollout the £100m technology fund across all settings, with plans to identify the benefits for nursing, midwifery and care staff
- DH will work with care providers, service users and carers to develop a sector-specific compact to promote culture change and skills development with dignity and respect at

the heart. The compact will set a framework for agreement between employees and employers to improve skills, competencies and behaviours

- The sector skills councils for Social Care and Health will work with the Government to develop a code of conduct and recommended minimum training standards for adult social care workers and health care support workers, drawing on the Dignity Code, the National Pensioners Convention and the Dignity in Care campaign's Dignity challenge
- The CQC will play a key role in ensuring that providers use appropriately trained and qualified workers as part of enforcing quality standards.

Action area six: Supporting positive staff experience

Our shared purpose will only be achieved if staff is supported to do their job well. This involves providing supervision and support within a culture of care, compassion and a recognition of the emotional labour of nursing, midwifery and care giving. Research evidence supports the correlation between staff experience and quality of care.

This action area is concerned that staff who provide care are nurtured and supported to be positive about their role and show this in the care that they provide and the way that they describe it. This means enabling involvement in decision making; promoting healthy and safe work environments; creating worthwhile and rewarding jobs in which every role counts; supporting each other; being accountable and being prepared to embrace innovative working and new technology.

The action area recommends:

- Supporting the ongoing work to develop and test a Cultural Barometer in a small number of London Trusts. The Cultural Barometer aims to help managers, leaders and staff at the frontline to reflect on the culture of their organisation, department or team or, indeed, themselves
- Integrating the 6Cs into any new local nursing and midwifery strategy and considering the recommendations from the Image of Nursing report. We will also work with the social care sector to determine how the 6Cs can support leaders and their staff in improving care locally
- Ensuring that health employers aim for 90% coverage of all staff with their local appraisal system and that staff self-report that this is of a high quality 80% of the time
- Reviewing the implications of statutory supervision for registered nurses and a refresh of the Nursing and Midwifery Council's Raising Concerns message

Each of us can:

- Commit to working with local employers to improve our own and colleagues experience in the work place

Local organisations can support by:

- Providers committing to implement a measure of organisational culture and developing a plan for the on-going monitoring of this within their organisation
- Providers developing, implementing and embedding strategies to secure meaningful staff engagement to optimise the experience of their workforce and, ultimately, patients – drawing on the five key factor of the staff engagement star from the NHS Employers Staff Engagement Toolkit
- Providers reviewing options for implementing the Friends and Family Test for staff on a regular basis, measuring and publishing the results
- Providers considering the 6Cs, the impact on their culture and values and organisational application and publishing for staff, patients and local people
- NHS CB working with local commissioners to ensure that services are commissioned from organisations that achieve locally agreed targets to deliver high quality appraisals for their staff

And further supported by national bodies including:

- NHS CB will lead work with partners to develop a national scheme to recognise organisations or teams who implement the 6Cs and who are excellent examples of the 6Cs in action
- DH, HEE and NHS CB will lead a piece of work with partners to consider how care staff are supported within the workplace
- NHS CB will work with partners to support the implementation of the Cultural Barometer once initial piloting and review has taken place
- DH and NHS CB will review evidence based good practice for clinical placements of students, preceptorship and supervision, with the intention of proposing a robust model for implementation across all care settings
- NHS CB will work with partners to review the "Image of Nursing" work and develop actions for implementation as appropriate

Next steps to implementation

Following the launch of this Vision and Strategy, at the Chief Nursing Officer's Conference on 4 December 2012 in Manchester, the real work of successfully embedding the 6Cs and the values and behaviours will begin. The greatest impact will come from individuals acting to embed the 6Cs in everything they do, supported, as set out above, by their local organisations and by national bodies.

This journey will begin at the conference where the most senior leaders from across the NHS, public health and social care will discuss how they can take a lead in driving the required changes in their organisations and in their role.

In addition to this, we will lead work with key partners including PHE, HEE, NTDA, CQC, Monitor, NMC and professional bodies to develop our implementation plans and timescales. We will build on successful initiatives that have already been developed and piloted and that we can implement quickly and easily. We will work collaboratively with key stakeholders and partner organisations to share good practice and ensure everyone has an opportunity to contribute to the achievement of the vision.

We will also work closely with regional and front line staff to understand the barriers that we need to address and overcome, so that this vision does reach the heart of every care setting and makes a positive and sustained difference to the people we care for.

We commit to having the detailed implementation plans in place by 31 March 2013. At this time the NHS CB assumes its full operating powers and responsibilities, the DH moves to a role as system steward and other new organisations assume their responsibilities. We will then work together, in this new national framework, to deliver this vision and strategy for nursing, midwifery and care staff and so make a significant impact on patients and the people we care for. This strategy will run over three years and the implementation of these areas of action will be within this timeframe. Some of the actions in this document are subject to piloting, further testing and appraisal, after which further recommendations will be considered.

Conclusion

This vision and strategy is our vision and strategy. Collectively developed, collectively owned and to be collectively implemented. Whilst each of us can and does make a positive difference to every one of our patients and the people we support, we can do more. We commit to doing more, we commit to care we commit to deliver compassion in practice.

Endnote

1. See the NHS Commissioning Board website for more information.

Our Culture of Compassionate Care – Creating a Vision for Nurses, Midwives and Care Staff

Our shared purpose is to maximise our contribution to **high quality, compassionate care** and to achieve **excellent health and well-being outcomes**

Our **values** and **behaviours** are at the heart of the vision and all we do ...

Care	Compassion	Competence	Communication	Courage	Commitment
Care is our core business and that of our organisations and the care we deliver helps the individual person and improves the health of the whole community. Caring defines us and our work. People receiving care expect it to be right for them consistently throughout every stage of their life.	Compassion is how care is given through relationships based on empathy, respect and dignity; it can also be described as intelligent kindness and is central to how people perceive their care.	Competence means all those in caring roles must have the ability to understand an individual's health and social needs and the expertise, clinical and technical knowledge to deliver effective care and treatments based on research and evidence.	Communication is central to successful caring relationships and to effective team working. Listening is as important as what we say and do and essential for "no decision about me without me". Communication is the key to a good workplace with benefits for staff and patients alike.	Courage enables us to do the right thing for the people we care for, to speak up when we have concerns and to have the personal strength and vision to innovate and to embrace new ways of working.	A commitment to our patients and populations is a cornerstone of what we do. We need to build on our commitment to improve the care and experience of our patients to take action to make this vision and strategy a reality for all and meet the health and social care challenges ahead.

Collaboration underpins these values and behaviours in the NHS, in public health and in social care.

Making this happen needs us all to commit to action and nurses and midwives to take the lead in these six areas ...

Helping people to stay independent, maximising well-being and improving health outcomes

National Actions:
- Policy and programmes for:
  - Making every contact count
  - Maximising the leadership role of SCPHN
  - The public health role of midwives
  - Health visitor and school nursing plans
  - Dementia challenge
  - 'No health without Mental Health'
- Developing accessible evidence based on NICE guidance
- Actively engaging across sectors, leading work effectively, integrating health, care and support

Local Actions:
- Make 'every contact count'
- Support nurses and midwives to maximise their contribution to the 'Dementia Challenge'
- Ensure practice is supported by appropriate technology

Call to Action:
- Develop skills as 'health promoting practitioners' making every contact count

Working with people to provide a positive experience of care

National Actions:
- Provide rapid feedback from patients to build a rich picture of the 6Cs in action
- Support local services to seek the views of the most vulnerable
- Use feedback to improve the reported experiences of patients
- Identify strong patient experience measures that can be used between settings and sectors

Local Actions:
- Support the roll out of the Family and Friends test
- Rollout of the public reporting of pressure ulcers, falls, patient and staff experience and Safety Thermometer

Call to Action:
- Actively listen to, seek out and act on patient and carer feedback, identifying any themes or issues and ensuring the patient and carer voice is heard

Delivering high quality care and measuring impact

National Actions:
- Publish 'High Quality Care Metrics for Nursing' by the National Nursing Research Unit
- Identification of metrics and indicators, which reflect compassion and effective care
- Rollout the Safety Thermometer
- NHS North of England will complete their review of pressure ulcers and falls and make recommendations

Local Action:
- Publish & discuss quality metrics and outcomes at each Board meeting.
- Enable staff to gain knowledge and skills to interpret data.
- Ensure measurement and data collection is effective and simple.

Call to Action:
- Support the measurement of care to learn, improve and highlight the positive impact on the people cared for

Building and strengthening leadership

National Actions:
- Develop a set of tools that enable organisations to measure their culture
- New leadership programme for ward managers, team leaders and nursing directors based on values and behaviours of the 6Cs
- DH will lead work to implement and embed the Leadership Qualities Framework for Adult Social Care and roll this out

Local Actions:
- Providers undertake a review of their organisational culture and publish the results
- Providers review options for introducing ward managers and team leaders supervisory status into their staffing structure

Call to Action:
- See ourselves as leaders in the care setting and role model the 6Cs in our everyday care of patients

Ensuring we have the right staff, with the right skills in the right place

National Actions:
- Develop evidence based staffing levels for mental health, community, learning disability services and care and support
- Embed the 6Cs in all nursing and midwifery university education and training
- Value based recruitment and appraisal
- Effective training, recruitment and induction of support workers

Local Actions:
- Boards sign off and publish evidence based staffing levels at least every 6 months, linked to quality of care and patient experience
- Providers review options to deliver supervisory status

Call to Action:
- Deploy staff effectively and efficiently; identify the impact this has on the quality of care and the experience of the people in our care

Supporting positive staff experience

National Actions:
- National scheme to recognise excellent implementation of 6Cs
- Plan to support care staff within the workplace
- Review implementation of the Cultural Barometer once pilots have taken place
- Evidence based good practice for clinical placements of students, preceptorship and supervision
- Review the 'Image of Nursing' work and develop actions

Local Actions:
- Strategies to secure meaningful staff engagement
- Implement the Friends and Family Test for staff
- Commissioners to ensure locally agreed targets to deliver high quality appraisals for their staff

Call to Action:
- Commit to working with local employers to improve experience in the work place

... we will focus on the areas that will have the biggest impact for all and particularly older people

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